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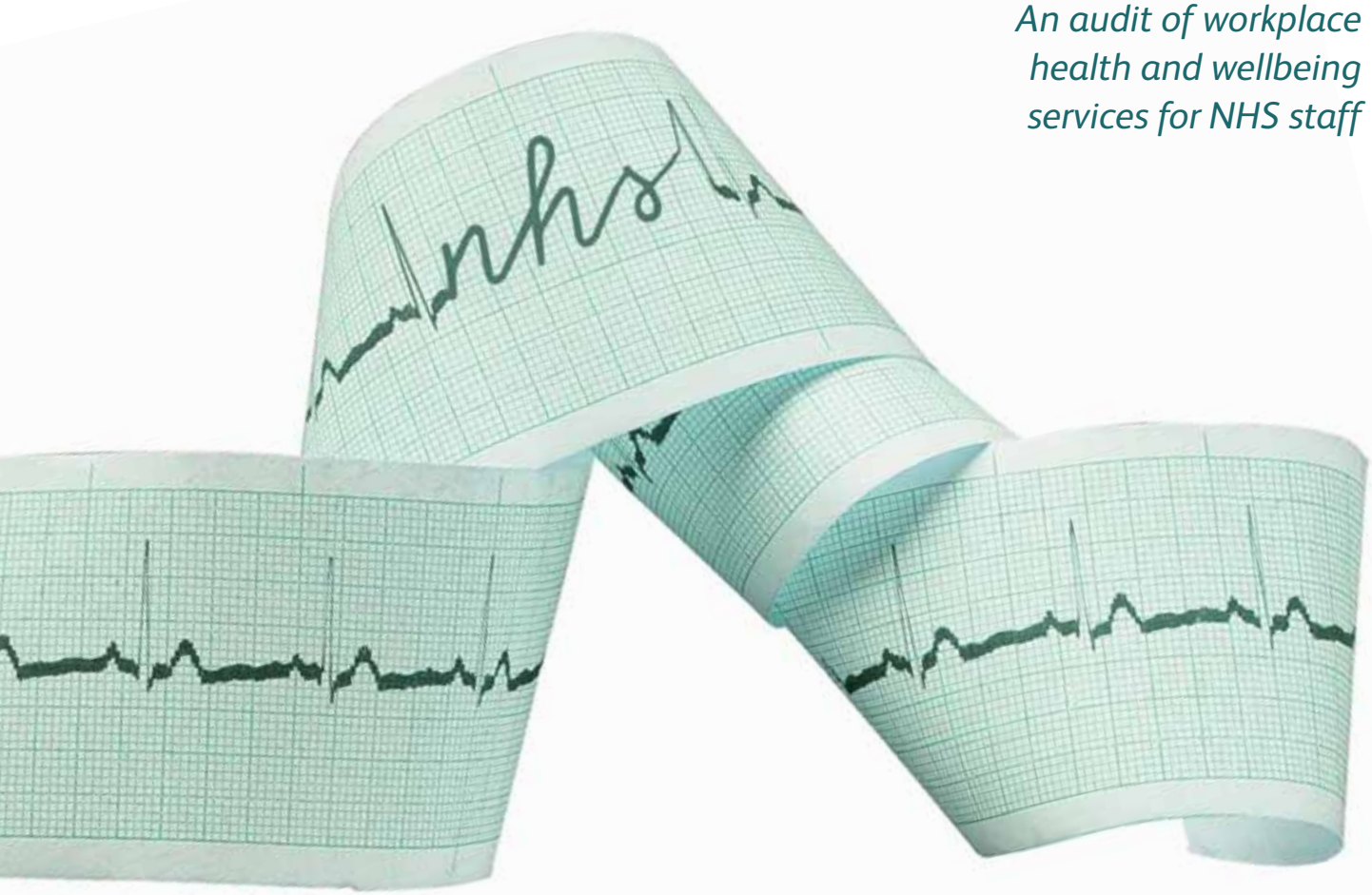
SOCIETY
OF
PHYSIOTHERAPY

Fit *enough for* patients?

An audit of workplace health and wellbeing services for NHS staff



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Foreword

The Boorman Review set a clear goal for the NHS – improve the care of staff to improve the care for patients.

Dr Boorman's report identified potential savings for the NHS of £555 million a year if sickness absence among staff was tackled with early intervention occupational health services, such as physiotherapy.

However, three years on, and despite the implementation of the Boorman recommendations being included in the NHS Operating Framework, sickness absence rates are still high and the NHS is still failing to consistently protect the wellbeing of its staff. Although progress has been made, there is a long way to go before Dr Boorman's recommendations are fully implemented and the NHS begins to provide access to the occupational health services NHS staff need to continue delivering high quality care for patients. More must be done, and done today.

"Physiotherapy services play a vital role in improving staff health and wellbeing"

Physiotherapy services play a vital role in improving staff health and wellbeing, and many of the trusts highlighted in this report are already putting physiotherapy at the heart of wellbeing services for staff. Early access to physiotherapy can drastically reduce staff sickness rates and the overall cost to the NHS, while at the same time improving morale and ensuring patients have access to high quality care from high quality staff.

The NHS cannot afford to ignore staff health and wellbeing for another three years, particularly in the current financial climate, where the demands on healthcare professionals to deliver better care with fewer resources are greater

than ever. This has been recognised in the publication of guidance from NHS Employers, *Rapid access to treatment and rehabilitation for NHS staff* in July 2012[1] which we urge trusts to take on board and implement fully.

The evidence is clear. Government, the NHS and healthcare professionals must now all work together to deliver an NHS fit and healthy for the 21st Century.

Phil Gray
Chief Executive
The Chartered Society of Physiotherapy

Introduction

The drive to deliver quality services to more patients whilst reducing costs in the NHS requires a healthy, productive workforce. The Chartered Society of Physiotherapy (CSP) welcomed the recommendations to improve staff health, and therefore reduce costs, which were made in 2009 by Dr Steve Boorman in his NHS Health and Wellbeing Review. Yet, three years on from the report's launch, progress in reducing sickness absence rates across the NHS has stalled. For example, from 2009/10 to 2011/12 staff sickness absence rates fell by 0.28 %[2]. However, rates fell by just 0.04 % from 2010/11 to 2011/12[3].

This report by the CSP is the first detailed audit looking at how well the Boorman Review's recommendations are being implemented. By publishing this report we hope to make a constructive contribution to help improve NHS staff health and wellbeing as the service goes through a period of strain and uncertainty. By highlighting examples of both good and poor practice, it is hoped this report will be useful to the new NHS Commissioning Board and NHS trusts as they put their own plans in place for improving the health and wellbeing of staff.

The CSP sent freedom of information requests to every NHS acute, mental health and community trust in England with five specific questions about whether Dr Boorman's recommendations were being implemented. Seventy percent of trusts responded in full. This report shows that 37 % of NHS trusts surveyed still have no strategy in place to improve the health and wellbeing of their staff – missing an obvious opportunity to improve productivity and release resources for frontline services to patients.

The trusts that responded to the CSP's audit have spent more than £1 billion in the last three years on sick pay. This is a high and unnecessary cost.

NHS Health and Wellbeing: The Boorman Review

In 2008, the then Secretary of State for Health, Alan Johnson, announced the launch of the independent NHS Health and Wellbeing Review. The review formed part of the Government's response to Dame Carol Black's report on the health of the UK's working age population. Dr Steve Boorman led the review and in November 2009 he published his final report.

The review found that, while clear steps had been taken to improve staff health and wellbeing, there was "much scope for improving staff health and welfare across the NHS as whole"[4]. The review also found "marked variations between NHS organisations", with staff reporting that they were not convinced health and wellbeing was seen as important to their employer[5].

> *"Staff who are empowered, engaged and well supported provide better patient care. We will therefore promote staff engagement, partnership working and the implementation of Dr Steve Boorman's recommendations to improve staff health and wellbeing"* [10]
> Equity and excellence: Liberating the NHS (Government White Paper, July 2010)

In his final report, Dr Steve Boorman made a number of recommendations to the NHS and Government for how staff wellbeing could be improved, including:

- All NHS organisations provide staff health and wellbeing services that are centered on prevention
- All NHS trusts develop and implement strategies for actively improving the health and wellbeing of their

workforce, and particularly for tackling the major health and lifestyle issues that affect their staff and the wider population
- There should be consistent access to early and effective interventions (such as physiotherapy) for common musculoskeletal and mental health problems in all trusts, as they are the major causes of ill-health among NHS staff
- All NHS organisations should put in place a staff health and wellbeing strategy that has been developed with the full involvement of staff and staff representatives[6].

If these recommendations were implemented, the review argued, the NHS could reduce current sickness absence by a third[7]. This could, as a result, deliver an estimated annual direct cost saving of £555 million and would release 3.4 million additional available working days a year for NHS staff[8].

Implications of staff health and wellbeing

As well as reducing staff sickness rates and delivering financial savings to the NHS, improved staff health and wellbeing is important in ensuring patients get the best possible care and achieve the best outcomes.

The Boorman Review was explicit when saying: "organisations that prioritised staff health and well-being performed better, with improved patient satisfaction, stronger quality scores, better outcomes"[9]. Unacceptable increases in staff sickness rates will impact negatively on patient care because of gaps in provision that can lead to longer waiting times or cancellations.

The current financial constraints and pressures on frontline staff mean that it is more important than ever that NHS organisations are taking steps to ensure their employees have appropriate access to health and wellbeing services.

Moreover, as there is greater attention paid towards staff attitudes and performance following the publication of the Francis Inquiry's final report into the failings at Mid-Staffordshire Hospital, the NHS should see this as a priority.

The contribution of physiotherapy

Physiotherapy enables people to move and function as well as they can, maximising quality of life, physical and mental health and wellbeing.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists work with a wide range of population groups, across sectors, and in hospital, community and workplace settings.

Physiotherapists facilitate early intervention, support self-management and promote independence, and help prevent episodes of ill-health and disability developing into chronic conditions. Physiotherapy supports people across a wide range of areas including musculoskeletal problems.

A significant amount of staff ill-health in the NHS is as a result of common musculoskeletal disorders, including back or joint[11] pain, as a result of the labour intensive and often physically demanding work that staff must carry out. It is vital, therefore, that NHS organisations have services, including physiotherapy, available to staff to treat such conditions early in order to prevent further complications or long-term illness.

Physiotherapy is clinically and cost effective, keeping people mobile and independent, avoiding hospital admissions and readmissions and getting people back to work early.

The NHS trusts that responded to the CSP's audit have spent more than £1 billion in the last three years on sick pay. This is a high and unnecessary cost.

Physiotherapists can prevent sickness absence, support people to return to work (if for example alternative or modified duties are required); or facilitate a managed return to work. The Work Foundation reports that for every £1 invested in wellbeing services including physiotherapy, a return of £3 is realised[12].

For patients, self-referral to physiotherapy has been proven to be clinically effective. Physiotherapy self-referral is beneficial for patients with both short and long-term conditions. This includes both short-term musculoskeletal disorders, women's health, and longer term neurological conditions, such as stroke, MS or Parkinson's disease.

NHS Evidence has highlighted self-referral to physiotherapy for musculoskeletal conditions as an example of how the NHS can deliver on the Quality, Innovation, Productivity and Prevention (QIPP) agenda, based on evidence of its ability to improve quality and productivity[13].

Early intervention with physiotherapy can reduce the amount of time people are off sick and help prevent an acute problem becoming chronic. For example, West Suffolk Hospital Trust, Bury St Edmunds, was commended in the Boorman Review for having achieved savings of £170,000 through a system of priority referrals to a local physiotherapist for injured staff[14]. For a cost of £21,000 it had achieved a 40% reduction in lost days through sickness absence[15].

Executive summary

The CSP submitted freedom of information requests to all acute, community and mental health trusts in England. We received full responses from 70% of trusts and the findings from this report are based on the information received, as well as nationally collected information on sickness absence in the NHS.

This report found that:

- Three years on from the publication of the Boorman Review, less than two thirds of trusts currently have a strategy in place for improving staff health and wellbeing
- Of the 90 NHS trusts that were able to provide sick pay expenditure figures across the last three financial years, those with a strategy for staff health and wellbeing saw a 4% rise in sick pay expenditure while those without a strategy saw a rise of 14%; thereby demonstrating the positive impact such a strategy can have
- Based on the data provided by trusts, we have calculated that those which responded to our audit have spent more than £1 billion over the last three full financial years on sick pay. However, the poor quality of some of the data, means that this only provides a partial picture of the total spent by all trusts on sick pay in this area
- Forty percent of staff sickness absence in the NHS is due to musculoskeletal conditions[16]. Across the NHS that means, over the past three full financial years, more than 19.3 million sick days have been taken by staff because of these conditions[17,18]
- The Department of Health implemented one of the Boorman Review's recommendations by including staff health and wellbeing in the 2010/11[19], 2011/12[20] and 2012/13[21] NHS operating frameworks. However, the NHS Commissioning Board's *Everyone counts: Planning for Patients 2013/14*, which supersedes the operating framework, does not reference staff health and wellbeing[22] suggesting this has been deprioritised
- Worryingly, 20 trusts (12%) that responded to the audit do not provide physiotherapy services to staff through their occupational health services.

40% of NHS staff sickness absence is due to musculoskeletal conditions

The CSP is keen to work with Government and the NHS to improve the health and wellbeing of healthcare professionals. To achieve this we have made a number of recommendations, including:

- All NHS trust boards must ensure they have a strategy in place to improve staff health and wellbeing, as recommended and outlined by the Boorman Review. This should be developed in partnership with and agreed through statutory joint health and safety committees
- The NHS Commissioning Board should include staff health and wellbeing in the next iteration of *Everyone counts: Planning for Patients*, set to be published in December 2013
- All trusts should take account of the guidance published in July 2012 by NHS Employers, *Rapid access to treatment and rehabilitation for NHS staff*, and implement this in full
- The House of Commons Health Select Committee should launch an inquiry looking at staff health and wellbeing across the NHS and the impact this is having on patient care
- All NHS trusts must ensure that rapid access, self-referral physiotherapy services are available to all members of staff. Those without should urgently review their occupational health services and submit plans to their board about how they intend to address this.

A full list of recommendations can be found at the end of this report.

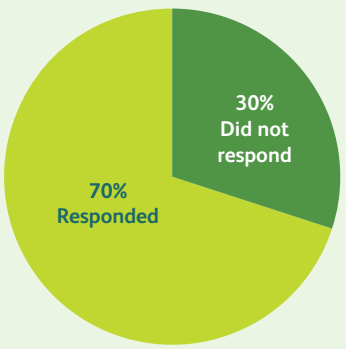
Methodology

This report and the analysis it contains was compiled following requests under the Freedom of Information Act 2000 to every NHS acute, mental health and community trust in England. Five requests were sent to trusts based on recommendations in the Boorman Review and data collected by trusts relating to sickness absence.

The five requests sent to NHS trusts asked for information on:

- Whether they had, in the past three years, developed and implemented a strategy for actively improving the health and wellbeing of their workforce
- Details of occupational health services provided for trust staff, and whether these include physiotherapy services
- Whether trusts provide consistent access to early and effective interventions for staff with common musculoskeletal conditions, as defined by the Boorman Review
- How much they paid out in sick pay in 2009/10, 2010/11, 2011/12 and 2012/13 (to date)
- How many sick days or absences were taken by staff where problems of the musculoskeletal system were given as the reason in 2009/10, 2010/11, 2011/12 and 2012/13 (to date).

Figure 1: **Response rate from NHS trusts to freedom of information requests**



The CSP received full responses from 163 NHS trusts (70 %). It is disappointing that almost a third of trusts were not able to respond to the freedom of information requests in full. NHS trusts, as public authorities, are required under law to respond to freedom of information requests and to do so in a timely manner. A list of those trusts that did not respond to our audit in full within 35 working days is provided at the end of this report. The Information Commissioner's Office recommends public bodies respond to requests within 20 working days.

Recommendation 1: *Those trusts that did not respond to our requests in full or in a timely manner should publish, in detail, their plans to improve staff health and wellbeing. The Department of Health should follow up with these trusts to assess the services being provided to staff in those organisations*

The CSP would recommend that those trusts that did not respond to our requests in full within 35 working days should publish their plans to improve staff health and wellbeing. The Department of Health should also follow up with these trusts to assess the staff health and wellbeing services that are being provided in those organisations.

NHS organisations are not required to respond to freedom of information requests in any particular format. As a result, the data provided were not always directly comparable. Accordingly, the CSP has undertaken the analysis set out in this report.

This report also includes analysis of staff sickness absence rates from 2009/10 to 2011/12, which are published by the NHS Information Centre[23].

Strategies for improving staff health and wellbeing

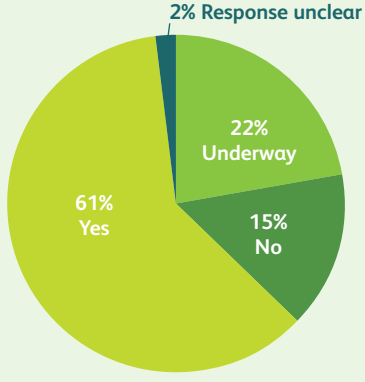
In its interim report the Boorman Review raised concerns about the lack of board and senior management engagement with the health and wellbeing agenda[24]. Indeed, a survey carried out by the review found that only one quarter of NHS staff believed senior management were interested in the issue[25].

As a consequence, in its final report, the Boorman Review recommended that all NHS organisations put in place a staff health and wellbeing strategy developed with the full involvement of staff and staff representatives[26]. These strategies should be regularly reviewed, monitored and the outputs reported and discussed with staff.

Auditing the development of strategies for improving staff health and wellbeing

As part of the audit, we asked NHS trusts to confirm or deny whether they had developed a strategy for improving staff health and wellbeing within the past three years. Results from the audit found that less than two thirds of trusts have a strategy in place for improving staff health and wellbeing.

Figure 2: **Percentage of NHS trusts that have developed a strategy for staff health and wellbeing in the past three years**



However, more than a fifth of trusts responded to say that a strategy was currently under development and 15% of trusts said no strategy was in existence. In other words, three years on from the publication of the Boorman Review, more than one in three trusts have no formal strategy in place to improve the health and wellbeing of their staff. The CSP is deeply concerned at the slow progress of trusts in developing these strategies and would call on all trusts without a strategy in place to take steps to address this urgently.

Recommendation 2: *All NHS trust boards must ensure they have a strategy in place to improve staff health and wellbeing, as recommended and outlined by the Boorman Review. This should be developed in partnership with and agreed through statutory joint health and safety committees*

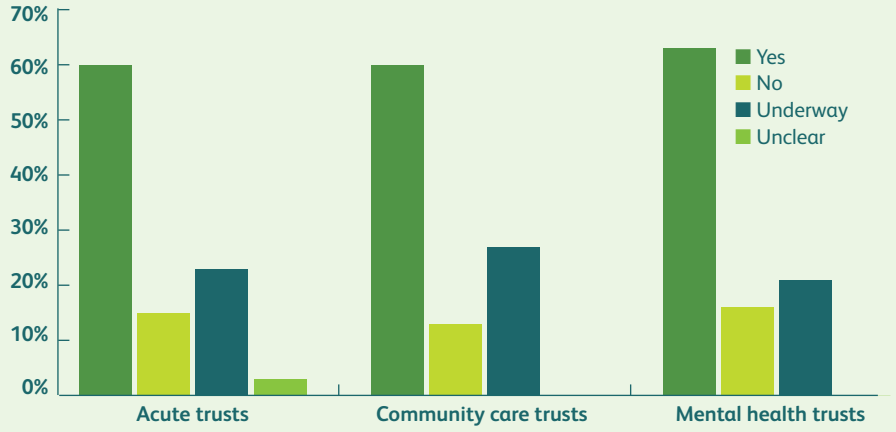
Recommendation 3: *NHS trusts must actively promote the NHS Constitution to staff throughout their organisation, particularly highlighting the right of staff to have healthy and safe working conditions*

Recommendation 4: *The NHS Commissioning Board should confirm that it sees staff health and wellbeing as a priority for 2013/14*

Local action through national leadership

Findings from the audit showed little variation amongst different types of trusts – ie acute, community and mental health – in developing staff wellbeing strategies, as illustrated in figure 3. This

Figure 3: **Percentage of NHS trusts that have developed a strategy for staff health and wellbeing in the past three years, by NHS trust type**



would imply that progress in taking this agenda forward is an issue for the whole of the NHS in England, rather than any particular sector.

In his final recommendations Dr Steve Boorman called for staff health and wellbeing to be embedded in the NHS operating framework, in order to ensure it was adequately prioritised nationally and driven locally[27]. The CSP was pleased, therefore, to see staff health and wellbeing included in the 2010/11[28], 2011/12[29] and 2012/13[30] NHS operating frameworks.

However, we are concerned that the NHS Commissioning Board's *Everyone counts: Planning for Patients 2013/14,* which supersedes the operating framework, does not reference staff health and wellbeing[31] suggesting this has been deprioritised.

Recommendation 5: *The NHS Commissioning Board should include staff health and wellbeing in the next iteration of Everyone counts: Planning for Patients, set to be published in December 2013*

We would call on the NHS Commissioning Board to confirm that staff health and wellbeing is still a priority for 2013/14 and include it in the next iteration of *Everyone counts.*

The NHS Constitution clearly sets out the important right of staff to "have healthy and safe working conditions"[32]. However, the evidence from this audit would raise concerns at the extent to which NHS trust boards are prioritising this. We would, therefore, recommend the Department of Health, as part of its review of the NHS Constitution, looks at how this right can be strengthened. We are also calling on the Health Select Committee to launch an inquiry looking at staff health and wellbeing in the NHS, specifically in relation to the impact this has on patient care.

The Government has put a renewed focus on delivering improvements in patient outcomes, rather than focusing on targets and activity. This focus on outcomes has been welcomed and outcome indicators for the NHS, public health and social care have been published in dedicated outcomes frameworks.

Recommendation 6: *All trusts should take account of the guidance published in July 2012 by NHS Employers 'Rapid access to treatment and rehabilitation for NHS staff' and implement this in full*

Recommendation 7: *The Department of Health should look at how the NHS is protecting the rights of staff to healthy working conditions as part of its review of the NHS Constitution. It should consider ways in which this right can be strengthened and translated at a local level*

Recommendation 8: *The House of Commons Health Select Committee should launch an inquiry looking at staff health and wellbeing across the NHS and the impact this is having on patient care*

The Department of Health, working with the NHS Commissioning Board, should consider developing an outcomes framework aimed at driving improvements in the care and support provided for staff. The framework would set a national benchmark for the quality care NHS staff should expect to receive from their employer, while also providing a national tool to monitor progress. Development of such an outcomes framework should be done in conjunction with NHS Employers, professional bodies, trade unions and royal colleges.

Recommendation 9: *The Department of Health, working with the NHS Commissioning Board, NHS Employers, professional bodies, trade unions and royal colleges, should develop a NHS Staff Outcomes Framework aimed at driving improvements in the care and support provided to staff by the NHS as an employer. This should apply to all organisations providing NHS services*

Through the audit, the CSP asked trusts to provide details of the strategies they had in place for improving staff health and wellbeing. The results demonstrated a number of good practice examples currently being implemented across England:

Case study: Lincolnshire Community Health Service[33]

Lincolnshire Community Health Service has established a Health and Wellbeing Forum in the trust, which is made up of Health and Wellbeing Champions from across the organisation. These champions are responsible for:

- Gaining and maintaining momentum for the health and wellbeing agenda within business units
- Producing an annual action plan to support the implementation of the strategy
- Monitoring progress against the action plan
- Evaluating the effectiveness of the health and wellbeing strategy and action plans.

Champions are appointed within each business unit to ensure initiatives are driven across all staff levels.

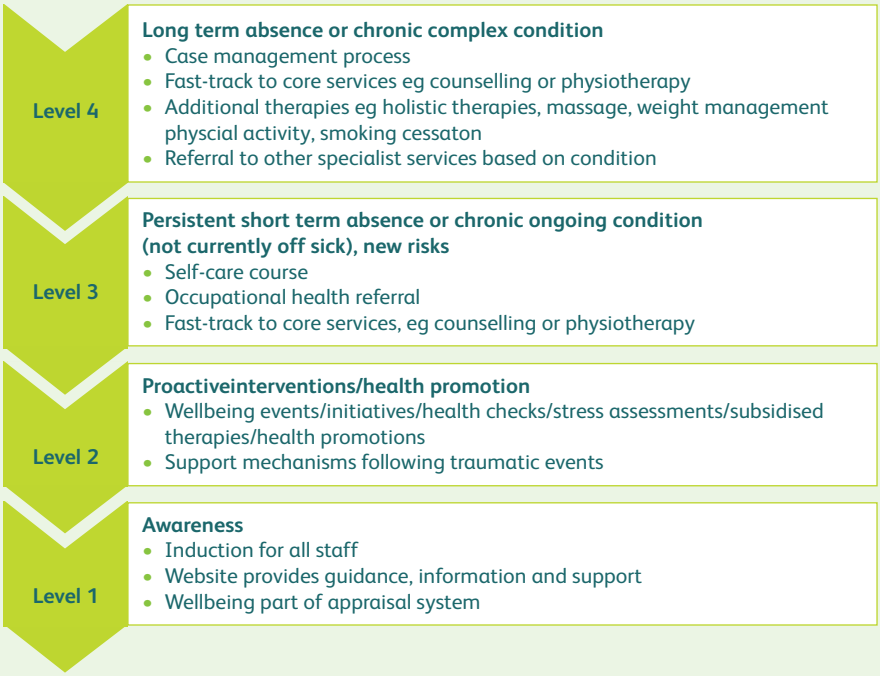
Case study: Wrightington, Wigan and Leigh NHS Foundation Trust[34]

In its strategy, Wrightington, Wigan and Leigh NHS Foundation Trust outlined a strategic approach to improving staff health and wellbeing. This included putting staff physiotherapy services at the heart of its provision and regularly monitoring uptake and demand of these services. The organisation also outlined how it intended to evaluate progress in implementing the strategy, including through monitoring staff satisfaction, sickness absence and board reporting.

Case study: Heart of England NHS Foundation Trust[35]

In a detailed strategy, Heart of England NHS Foundation Trust provided details of its four stage health and wellbeing intervention plan. The intervention plan put particular emphasis on the importance of staff having rapid access to physiotherapy services. The strategy also confirmed the development of "a formal rehabilitation scheme where employees can gain access to a range of services including physiotherapy, fact sheets and toolkits on how to function with long-term debilitating conditions"[36].

Figure 4: **Heart of England NHS Foundation Trust's four stage health and wellbeing intervention plan**



Consultation with staff

The overwhelming majority of NHS trusts with a strategy in place confirmed that they had consulted with staff about its development. This is encouraging and in line with the recommendations put forward by the Boorman Review.

Trusts provided a variety of details about how they consulted with staff, including through staff surveys, workshops and focus groups aimed at ensuring the trust's health and wellbeing agenda was informed by staff expectations.

Only three trusts, Frimley Park Hospital[37], Maidstone and Tunbridge Wells[38] and Royal Liverpool and Broadgreen University Hospitals[39], said that they had not consulted with staff about the development of their strategies.

Once a strategy has been produced, in consultation with staff, it is vital that this is effectively communicated and fully implemented throughout the trust. The CSP recommends the appointment of health and wellbeing champions to promote and take forward this agenda with colleagues to ensure it becomes embedded in the culture of the organisation.

Recommendation 10: *NHS trusts should appoint a range of health and wellbeing champions. These should be appointed at different management levels to help promote the agenda across the whole organisation*

Provision of occupational health services

In his final report Dr Steve Boorman raised a number of concerns about the health and wellbeing services available to NHS staff[40]. He warned of inconsistencies in the range of services offered to staff, poor resourcing and staff shortages[41]. The availability of high quality occupational health services within the NHS is crucial in helping to drive productivity, reduce sickness absence and improve patient outcomes.

There is a clear business case for trusts investing in these services. For example, the Boorman Review's interim report found that trusts with better services aimed at improving staff wellbeing had better patient experience, lower MRSA rates, better Annual Health Check ratings, and lower staff turnover[42].

The main objectives of these services should be to:

- Establish and promote a healthy and safe working environment
- Maintain a well performing and motivated workforce
- Prevent work-related disease and accidents
- Support staff to return to work after a work-related illness or accident.

Figure 5: **High quality occupational health services**

Physiotherapy services have an important role to play in delivering on these objectives. As set out earlier, musculoskeletal conditions, such as back pain, are some of the main causes of sickness absence in the NHS[43]. However, early intervention and prevention can help to reduce these rates.

It is concerning therefore, that, as illustrated in figure 6, our audit found that 20 trusts (12 %) do not provide physiotherapy to staff through their occupational health services.

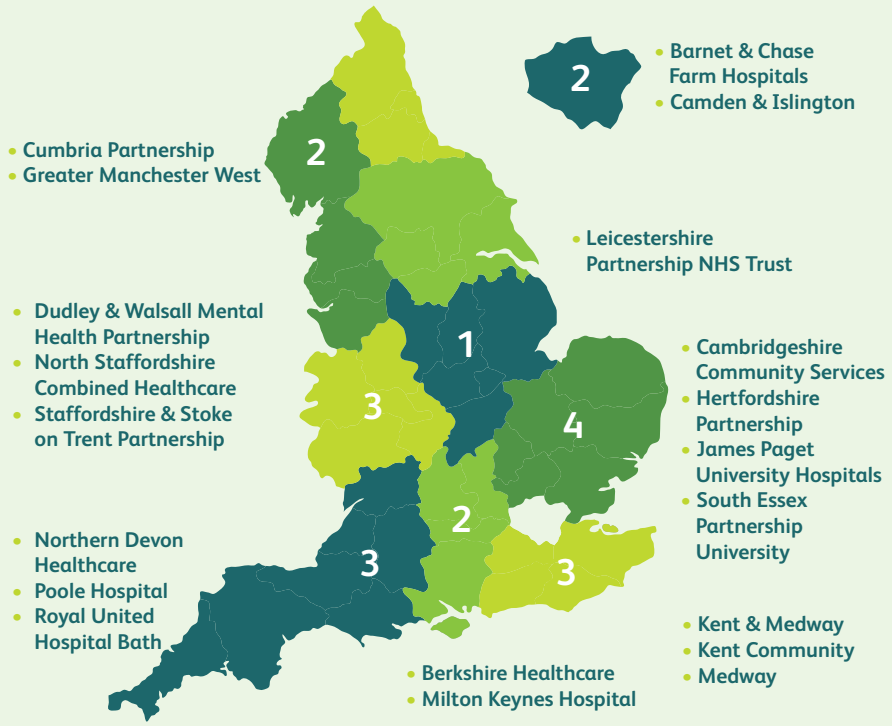
How physiotherapy can help to treat back pain

Musculoskeletal physiotherapy is a clinical specialism which includes the treatment of back pain. If an individual sees a physiotherapist quickly, this can not only speed up recovery, but also prevent the problem from reoccurring.

Based upon detailed personalised assessment, physiotherapists use a variety of approaches for the treatment of patients with back problems. These treatments are science-based but take into account all aspects of the patient's life, background and work activities. A physiotherapist will first check whether the individual has a serious health problem that may be connected to the back pain, they will then find the reason for the pain and look at ways to prevent further problems.

The variety of treatments available to a specialist musculoskeletal physiotherapist includes manual therapies, posture correction and exercise-based treatments. At the core of musculoskeletal physiotherapy is

Figure 6: NHS trusts that reported no physiotherapy sevices as part of their occuaptional health provision



patient involvement through education, awareness and participation. This ensures long term benefits whilst preventing future injury and supporting self-management.

Recommendation 11: *All NHS trusts must ensure that their physiotherapy services are available to all members of staff. Those without should urgently review their occupational health services and submit plans to their board about how they intend to address this*

It is concerning that the trusts illustrated in figure 6 are likely to have access to in-house physiotherapy services, which are available to patients. Some of these trusts are also substantial employers. For example, Leicestershire Partnership NHS Trust employs almost 6,000 members of staff[44], Greater Manchester West Mental Health Foundation Trust employs 3,600 members of staff[45] and Royal United Hospital Bath NHS Trust has nearly 5,000 employees[46].

Services for staff with musculoskeletal conditions

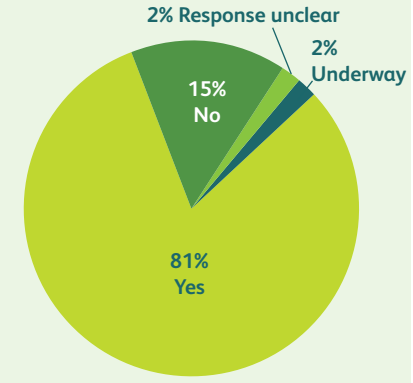
The Boorman Review reiterated the case for early and tailored intervention services that could be provided so as to "deliver rapid improvements for NHS staff health and to support improved care for the local population"[47]. In particular, the review noted the importance of these services for staff with common musculoskeletal disorders.

The review set out the benefits of early intervention services:

- Improving the health of staff quickly by relieving them of pain and distress, while helping to avoid further long-term health complications
- Supporting the employee to return to work quickly, thereby reducing the cost to the NHS from employing temporary staff
- Delivering better patient outcomes and experience of care because they are being treated by healthy staff.[48]

As a consequence the Boorman Review recommended "there should be consistent access to early and effective interventions for common musculoskeletal and mental health problems in all trusts as they are the major causes of ill-health among NHS staff"[49].

Figure 7: **Percentage of NHS trusts providing staff with early and effective interventions for common musculoskeletal conditions**



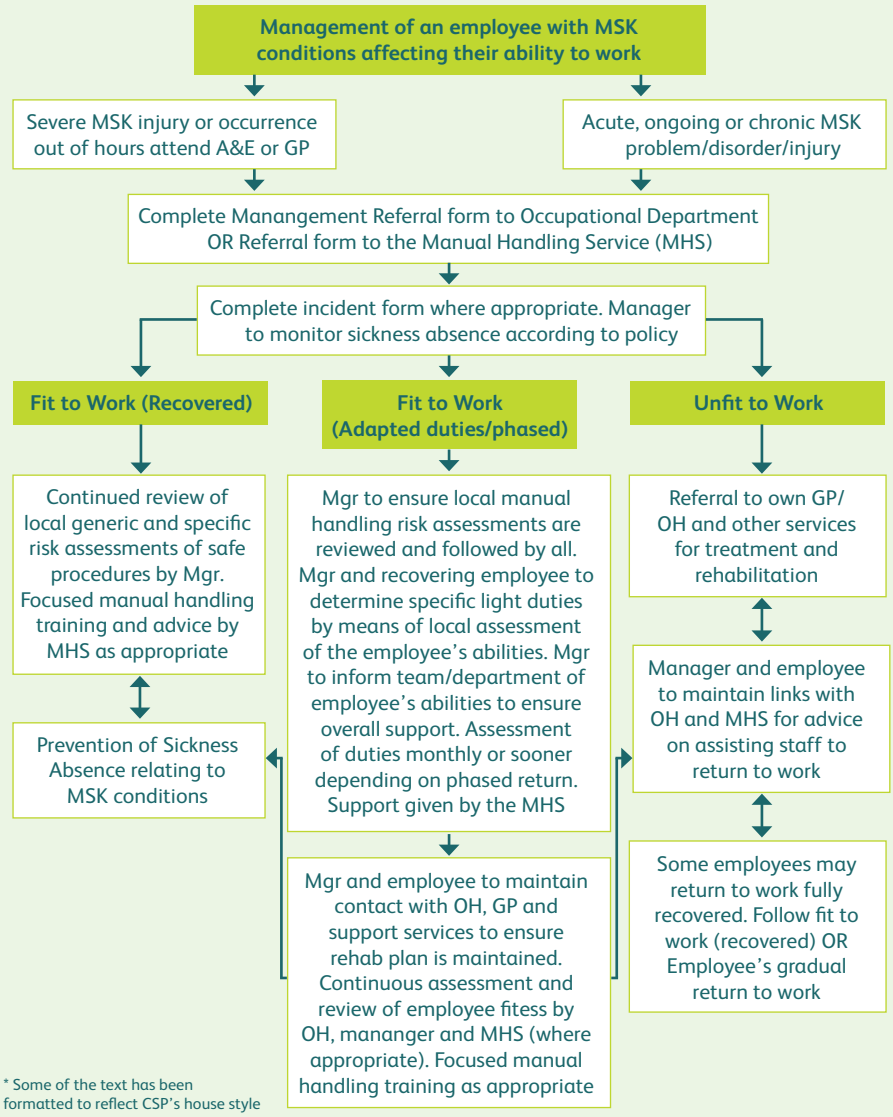
The CSP asked NHS trusts to confirm or deny whether they provided early interventions to staff for common musculoskeletal disorders, in line with the recommendations made by the Boorman Review. Worryingly, our audit found that at least 15% of trusts are not providing these services for staff, while 2% of trusts said they were currently developing these services. Figures may be higher than this, as we do not have data from the 30% of trusts that did not reply to our freedom of information request within 35 working days.

While there is still progress to be made, it is encouraging that more than 80% of trusts are providing early intervention services for staff with musculoskeletal conditions. The Department for Work and Pensions, in its recent response to *Health at work – an independent review of sickness absence*, notes that the provision of these services has contributed to a reduction in the average number of days lost to sickness absence across the health service[50]. It adds that long-term sickness could be further reduced if staff had faster access to health advice and support.

Our audit revealed a number of good practice examples where trusts are actively improving services for staff with musculoskeletal conditions:

- Shropshire Community Health asked staff with musculoskeletal conditions that use in-house physiotherapy services to fill out a satisfaction survey which is used to inform service improvements[51]
- West Hertfordshire Hospitals NHS Trust shared a detailed care pathway for staff diagnosed with musculoskeletal conditions (see overleaf)[52]

Figure 8: **West Hertfordshire Hospitals NHS Trust's care plan* for staff with musculoskeletal (MSK) conditions[53]**



* Some of the text has been formatted to reflect CSP's house style

Analysis of sick pay expenditure and sick days taken

The Boorman Review found that the NHS loses more than 10 million working days each year due to sickness absence[54]. As well as impacting on patient and staff outcomes, it can also represent a clear financial burden on NHS trusts who will need to spend money on sick pay and, where necessary, hiring temporary staff.

Analysis of sickness absence rates across the NHS in England

The NHS has made clear progress on reducing staff sickness absence over the past few financial years. For example, from 2009/10 to 2011/12 staff sickness absence rates fell by 0.28 %[55]. However, progress has stalled and rates fell by just 0.04 % from 2010/11 to 2011/12[56]. Furthermore, and as illustrated in figure 9, sickness absence rate by NHS trust varies considerably.

In total, during 2011/12, 15.6 million full time equivalent days were lost to sickness absence (includes non-working days)[57].

Tavistock and Portman NHS Foundation Trust recorded the lowest staff sickness absence rate for the latest financial year at 1.73 %, followed by Royal Marsden NHS Foundation Trust at 2.40 %[59]. On the other hand, Mersey Care NHS Trust reported the highest rate at 6.35 %[60].

Recommendation 12: *All NHS trusts must collect and publish data on staff sickness pay. These data should be used to inform decisions by trusts to improve staff health and wellbeing*

Auditing expenditure by NHS trusts on staff sick pay

As part of its audit, the CSP asked trusts to provide details about the amount of money they had spent over the past three full financial years on staff sickness. Unfortunately, not all trusts were able to provide this data:

- 55 % of trusts were able to provide figures for 2009/10
- 64 % of trusts were able to provide figures for 2010/11
- 69 % of trusts were able to provide figures for 2011/12.

While some trusts could not supply all of this information because they had only recently been established, it is still concerning that 31 % of trusts could not provide this information in full for the latest financial year. Indeed, some trusts said they simply did not collect this information. For example, Sussex Partnership said it "does not record the level of sick pay separately in the ledger"[61].

It is crucial that NHS trusts collect data on staff sickness pay in order to account for any rises in expenditure. Furthermore,

Figure 9: **Annual sickness rates by NHS trust, 2011/12**[58]

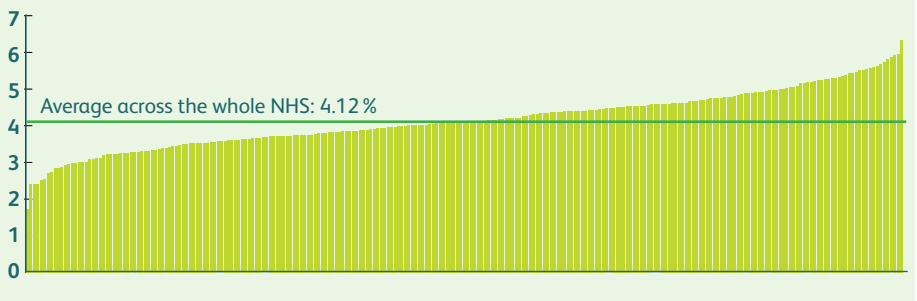
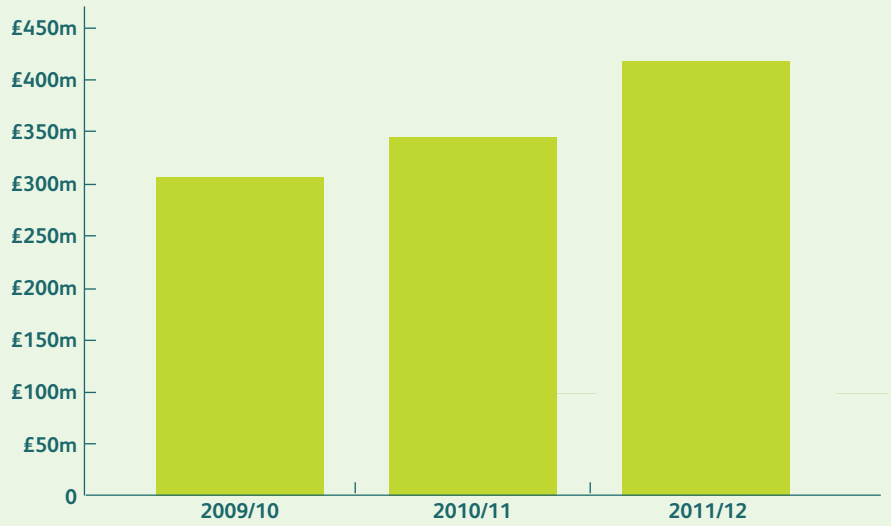


Figure 10: **NHS trusts spend on staff sickness pay over the last three full financial years**



these data should be used to inform decisions made by the NHS trust boards relating to staff health and wellbeing.

Based on the data provided, we can calculate that NHS trusts that responded to our audit have spent more than £1 billion over the last three full financial years on sick pay. What's more, the figures provided would suggest a 34 % rise in sick pay expenditure over the same period.

It is important to stress that, given the poor quality of data provided by some trusts, we are not able to provide the full picture of how much the NHS in England is spending on staff sickness. However, it does demonstrate the scale of the problem and the importance of the NHS continuing to provide support to staff so that they stay healthy and at work whenever possible.

Under the 'Nicholson Challenge' – which is being delivered through the QIPP agenda – the NHS has been asked to deliver £20 billion of efficiency savings by 2015. Improvements in staff health and local action being taken to help staff return back to work quickly could help the NHS to deliver against this challenge, while at the same time freeing resources that could be spent on frontline care.

Recommendation 13: *The Department of Health, working with the NHS Commissioning Board and NHS Improvement, should establish a dedicated QIPP workstream aimed at improving staff health and wellbeing*

Recommendation 14: *NHS Evidence should launch a 'call for evidence' asking NHS organisations to submit local projects and initiatives that have succeeded in delivering better health and wellbeing outcomes for staff*

Case study: Great Ormond Street Hospital

Delivering QIPP through improved staff health and wellbeing[62]

Great Ormond Street Hospital for Children NHS Foundation Trust has outlined the importance of the organisation, an employer, developing a culture of supporting and addressing staff health and wellbeing issues in order for it to deliver on its obligations under the NHS Constitution "To provide support and opportunities for staff to maintain their health."

The hospital adds that it will enable them to deliver elements of the QIPP programme:

- Quality – healthier, more motivated staff
- Innovation – staff driven health and wellbeing initiatives encourage innovation and culture change
- Productivity – reducing sickness absence
- Prevention – preventing ill health by raising staff awareness.

Ninety trusts were able to provide sick pay figures for the last three full financial years. Figure 11 shows that, of these trusts, 42 % saw a decline in sick pay expenditure while 58 % saw a rise. Again, while some of these trusts would have had local service reconfigurations that would have impacted on staff expenditure (for example, an increase in staff numbers due to a trust merger), it does illustrate progress being made by some trusts in keeping expenditure down and helping staff to return to work.

The Boorman Review said that improving staff wellbeing and reducing sickness rates could help to deliver £555 million in direct savings to the NHS[63]. Analysis from

Recommendation 15: *NHS trusts should regularly review staff sickness absence rates and expenditure. Those trusts reporting exceptionally high rates and/or expenditure should publish an action plan, commissioned by the trust's board, outlining positive steps that will be taken to reduce rates and/or spend over the coming financial year. These action plans should be developed in consultation with staff and alongside their health and wellbeing strategies*

our audit would seem to concur with this. Of the 90 trusts that were able to provide sick pay expenditure figures, those with a strategy for staff health and wellbeing saw a 4 % rise in sick pay expenditure while those without a strategy saw a rise of 14 %.

Staff sickness days taken because of musculoskeletal conditions

In the NHS, around 40 % of staff sickness absence is due to musculoskeletal conditions. That means, over the past three full financial years, over 19.3 million sick days have been taken by staff because of these conditions[64,65]. Musculoskeletal conditions do, therefore, represent a significant burden on the NHS and are also a risk factor for NHS staff, particularly frontline healthcare professionals.

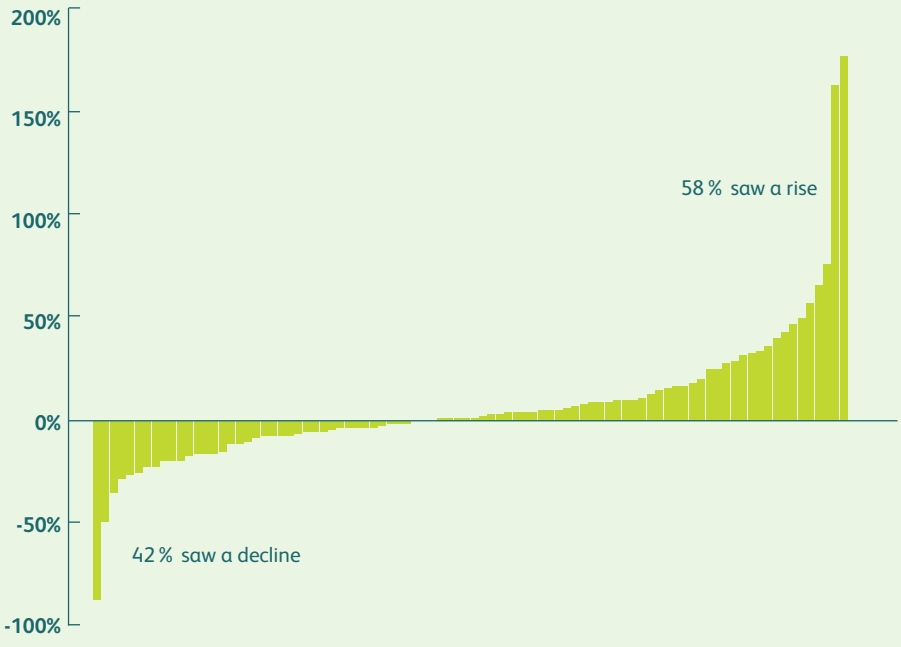
How physiotherapy can help to treat problems of the musculoskeletal system

Musculoskeletal disorders are one of the most common problems physiotherapists treat. Early intervention with physiotherapy can reduce the amount of time people are off sick and is vital in order to prevent an acute problem becoming chronic.

Rapid access to physiotherapy for people with musculoskeletal disorders is clinically and cost effective for the health service, including GPs, for employers and for society. Physiotherapists have helped to pioneer innovative ways of providing early access within existing services.

The CSP asked trusts to provide details of the number of sick days taken by

Figure 11: **Percentage change in sick pay expenditure of 90 trusts able to provide figures for the last three financial years**



Recommendation 16: *Given the substantial burden of musculoskeletal conditions on staff sickness absence rates, NHS trusts should have good data recording systems in place to collect and publish data on the number of sick days taken by staff because of these conditions*

staff because of these conditions. Some trusts responded to the audit stating that they could not provide this information or that it was not collected in an accessible format. For example, Basildon and Thurrock University Hospitals NHS Foundation Trust said it does "not hold these records"[66]. Overall:

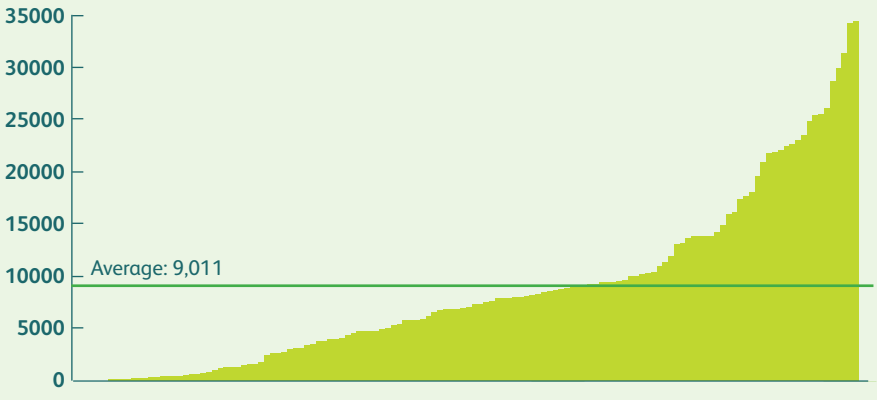
- 29 % of trusts were not able to provide figures for 2009/10
- 25 % of trusts were not able to provide figures for 2010/11
- 20 % of trusts were not able to provide figures for 2011/12.

There was also variation in the format that trusts collected this data with some trusts providing the number of working days lost while others provided the number of calendar days lost. In addition, the figures recorded by NHS trusts also found variation in the number of sick days being reported at trust level.

While some of this variation will be explained by trust size and different recording methods, it does illustrate the importance of trusts ensuring that they have services and support available to staff who suffer from problems of the musculoskeletal system. Those trusts with high levels of sickness absence because of musculoskeletal conditions should have mechanisms in place to address these through staff consultation and health and wellbeing initiatives.

Recommendation 17: *NHS trusts with high levels of sickness absence because of musculoskeletal conditions should work with staff and through the board members responsible for health and wellbeing to provide services that can help to reduce rates and return staff back to work as soon as possible*

Figure 12: **Number of sick days reported by staff because of musculoskeletal conditions by trust, 2011/12**



Conclusion

Three years ago, the recommendations of the Boorman Review were clear – by improving the health and wellbeing of its staff the NHS could improve patient care and increase efficiency. Now, as we enter some of the toughest financial years for the NHS in a generation, this agenda has never been so important.

The findings from this report represent the first analysis looking at what progress has been made in implementing the Boorman Review's recommendations. We have welcomed the progress that has been made to date, but will continue to monitor this.

The findings of this report have identified:

- A limited reduction in sickness rates across the NHS
- Locally-led initiatives helping to drive a national agenda
- Some awareness amongst providers about the importance of staff health and wellbeing in delivering better care for patients and the community.

There are a number of examples of good practice, where NHS trusts have put physiotherapy at the centre of this agenda. However, this report does also present a mixed picture.

It is deeply concerning that a third of NHS trusts still do not have a strategy in place to improve staff health and wellbeing. At a time when the NHS workforce is being stretched because of mounting workloads, financial pressures and staff reductions, it is vital for the NHS to ensure it is implementing the Boorman recommendations and providing staff with the support and care they need to enable them to continue delivering high quality services for patients. This support must include early access to self-referral physiotherapy services.

The recent Francis Inquiry has rightly put a spotlight on the importance of staff engagement and helping staff to be at the heart of one of the country's greatest institutions. Healthier staff, means healthier patients.

If the Government wants to deliver better outcomes for patients, as it sets out in its Mandate to the NHS Commissioning Board, then it must ensure a fit and healthy workforce that can deliver these improvements. That's why we are calling on the Department of Health and the NHS Commissioning Board to make staff health and wellbeing a priority for the NHS once again, and provide the leadership needed to drive the necessary improvements in this area.

We hope this report provides a useful contribution to the health and wellbeing agenda, and can be used by people across the NHS – from national clinical directors to frontline allied health professionals. The CSP looks forward to working with the Government and the NHS on this issue and taking forward the recommendations made in this report.

Recommendations

1 Those trusts that did not respond to our requests in full or in a timely manner should publish, in detail, their plans to improve staff health and wellbeing. The Department of Health should follow up with these trusts to assess the services being provided to staff in those organisations

2 All NHS trust boards must ensure they have a strategy in place to improve staff health and wellbeing, as recommended and outlined by the Boorman Review. This should be developed in partnership with and agreed through statutory joint health and safety committees

3 NHS trusts must actively promote the NHS Constitution to staff throughout their organisation, particularly highlighting the right of staff to have healthy and safe working conditions

4 The NHS Commissioning Board should confirm that it sees staff health and wellbeing as a priority for 2013/14

5 The NHS Commissioning Board should include staff health and wellbeing in the next iteration of *Everyone counts: Planning for Patients*, set to be published in December 2013

6 All trusts should take account of the guidance published in July 2012 by NHS Employers *Rapid access to treatment and rehabilitation for NHS staff* and implement this in full

7 The Department of Health should look at how the NHS is protecting the rights of staff to healthy working conditions as part of its review of the NHS Constitution. It should consider ways in which this right can be strengthened and translated at a local level

8 The House of Commons Health Select Committee should launch an inquiry looking at staff health and wellbeing across the NHS and the impact this is having on patient care

9 The Department of Health, working with the NHS Commissioning Board, NHS Employers, professional bodies, trade unions and royal colleges, should develop a NHS Staff Outcomes Framework aimed at driving improvements in the care and support provided to staff by the NHS as an employer. This should apply to all organisations providing NHS services

10 NHS trusts should appoint a range of health and wellbeing champions. These should be appointed at different management levels to help promote the agenda across the whole organisation

11 All NHS trusts must ensure that their physiotherapy services are available to all members of staff. Those without should urgently review their occupational health services and submit plans to their board about how they intend to address this

12 All NHS trusts must collect and publish data on staff sickness pay. These data should be used to inform decisions by trusts to improve staff health and wellbeing

13 The Department of Health, working with the NHS Commissioning Board and NHS Improvement, should establish a dedicated QIPP workstream aimed at improving staff health and wellbeing

14 NHS Evidence should launch a 'call for evidence' asking NHS organisations to submit local projects and initiatives that have succeeded in delivering better health and wellbeing outcomes for staff

15 NHS trusts should regularly review staff sickness absence rates and expenditure. Those trusts reporting exceptionally high rates and/or expenditure should publish an action plan, commissioned by the trust's board, outlining positive steps that will be taken to reduce rates and/or spend over the coming financial year. These action plans should be developed in consultation with staff and alongside their health and wellbeing strategies

16 Given the substantial burden of musculoskeletal conditions on staff sickness absence rates, NHS trusts should have good data recording systems in place to collect and publish data on the number of sick days taken by staff because of these conditions

17 NHS trusts with high levels of sickness absence because of musculoskeletal conditions should work with staff and through the board members responsible for health and wellbeing to provide services that can help to reduce rates and return staff back to work as soon as possible.

Trusts that did not respond to the audit

The following NHS trusts did not respond to the CSP's freedom of information requests in full within 35 working days:

Aintree University Hospitals NHS Foundation Trust; Barts and the London NHS Trust; Bedford Hospital NHS Trust; Bradford Teaching Hospitals NHS Foundation Trust; Calderstones Partnership NHS Foundation Trust; Cambridgeshire and Peterborough NHS Foundation Trust; Chelsea and Westminster Hospital NHS Foundation Trust; Chesterfield Royal Hospital NHS Foundation Trust; Colchester Hospital University NHS Foundation Trust; Cornwall Partnership NHS Foundation Trust; Dartford and Gravesham NHS Trust; East Cheshire NHS Trust; George Eliot Hospital NHS Trust; Gloucestershire Hospitals NHS Foundation Trust; Guy's and St Thomas' NHS Foundation Trust; Harrogate and District NHS Foundation Trust; Imperial College Healthcare NHS Trust; Kingston Hospital NHS Trust; Leeds Partnerships NHS Foundation Trust; Mayday Healthcare NHS Trust; Mersey Care NHS Trust; Newham University Hospital NHS Trust; North Cumbria University Hospitals NHS Trust; North East London NHS Foundation Trust; North Essex Partnership NHS Foundation Trust; Northampton General Hospital NHS Trust; Northamptonshire Healthcare NHS Foundation Trust; Nuffield Orthopaedic Centre NHS Trust; Oxford Radcliffe Hospitals NHS Trust; Oxfordshire Learning Disability NHS Trust; Papworth Hospital NHS Foundation Trust; Peterborough and Stamford Hospitals NHS Foundation Trust; Royal Bolton Hospital NHS Foundation Trust; Royal Cornwall Hospitals NHS Trust; Royal Free Hampstead NHS Trust; Sandwell and West Birmingham Hospitals NHS Trust; Somerset Partnership NHS Foundation Trust; South London Healthcare NHS Trust; South Staffordshire and Shropshire Healthcare NHS Foundation Trust; Southport and Ormskirk Hospital NHS Trust; St George's Healthcare NHS Trust; St Helens And Knowsley Hospitals NHS Trust; Surrey and Borders Partnership NHS Foundation Trust; Taunton and Somerset NHS Foundation Trust; Tavistock and Portman NHS Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; The Lewisham Hospital NHS Trust; The Newcastle Upon Tyne Hospitals NHS Foundation Trust; The Princess Alexandra Hospital NHS Trust; The Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust; University Hospital of Birmingham NHS Foundation Trust; University Hospital of South Manchester NHS Foundation Trust; University Hospitals Coventry and Warwickshire NHS Trust; Whipps Cross University Hospital NHS Trust; Winchester and Eastleigh Healthcare NHS Trust; Wirral Community NHS Trust; Worcestershire Acute Hospitals NHS Trust; Worcestershire Mental Health Partnership NHS Trust; Worthing and Southlands Hospitals NHS Trust; Wye Valley NHS Trust; and Yeovil District Hospital NHS Foundation Trust.

About the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 51,000 chartered physiotherapists, physiotherapy students and support workers.

As a membership-led organisation, the Chartered Society of Physiotherapy leads and supports members in developing and promoting high quality innovative patient care, raising the profile of the profession, and working openly in partnership to meet the diverse needs of both its members and their patients. The Chartered Society of Physiotherapy works hard to develop a robust foundation for clinical practice and service delivery, focusing specifically on the evidence base, clinical effectiveness, continuing professional development and increasing innovation.

The Chartered Society of Physiotherapy is keen to work with the Department of Health, the NHS and policymakers to raise the profile of physiotherapy services and ensure CSP members are fully represented in decisions about local commissioning and service re-design.

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